About Entrez

Text Version

Entrez PubMed
Overview
Help | FAQ
Tutorial
New/Noteworthy
E-Utilities

PubMed Services
Journals Database
MeSH Database
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
LinkOut
Cubby

Related Resources
Order Documents
NLM Gateway
TOXNET
Consumer Health
Clinical Alerts
ClinicalTrials.gov
PubMed Central

Privacy Policy

Limits: **Publication Date to 2000/05**

Display Summary Show: 20 Sort Send to Text

Items 1-6 of 6 One page.

1: Marco M. Related Articles, Links

Opportunistic infections in Vancouver.
GMHC Treat Issues. 1996 Sep;10(9):4-6.
PMID: 11363841 [PubMed - indexed for MEDLINE]

2: Sutton KL, Sutton RM, Stalcup AM, Caruso JA. Related Articles, Links

A comparison of vancomycin and sulfated beta-cyclodextrin as chiral selectors for enantiomeric separations of selenoamino acids using capillary electrophoresis with UV absorbance detection.
Analyst. 2000 Feb;125(2):231-4.
PMID: 10820888 [PubMed - indexed for MEDLINE]

3: Fanali S, Aturki Z, Desiderio C. Related Articles, Links

Enantioresolution of pharmaceutical compounds by capillary electrophoresis. Use of cyclodextrins and antibiotics.
Enantiomer. 1999;4(3-4):229-41.
PMID: 10550888 [PubMed - indexed for MEDLINE]

4: Vespalec R, Billiet HA, Frank J, Bocek P. Related Articles, Links

Vancomycin as a chiral selector in capillary electrophoresis: an appraisal of advantages and limitations.
Electrophoresis. 1996 Jul;17(7):1214-21.
PMID: 8855407 [PubMed - indexed for MEDLINE]

5: Goodall DM. Related Articles, Links

Studies of binding equilibria for peptides and pharmaceuticals using capillary electrophoresis.
Biochem Soc Trans. 1993 Feb;21(1):125-9. No abstract available.
PMID: 8449275 [PubMed - indexed for MEDLINE]

6: Teicher BA, Sotomayor EA, Huang ZD. Related Articles, Links

Antiangiogenic agents potentiate cytotoxic cancer therapies against primary and metastatic disease.
Cancer Res. 1992 Dec 1;52(23):6702-4.
PMID: 1384969 [PubMed - indexed for MEDLINE]

Display Summary Show: 20 Sort Send to Text

Items 1-6 of 6 One page.

1: Pediatr Med Chir. 1997 Jul-Aug;19(4):259-62. Related Articles, Links

[Glycopeptides and the newborn infant's kidney]

[Article in Italian]

Fanos V, Benini D, Vinco S, Pizzini C, Khoory BJ.

Clinica Pediatrica, Universita di Verona, Italia.

The aim of this paper was to evaluate glycopeptide nephrotoxicity in the newborn. The exact mechanism of nephrotoxicity has not been defined. Basal mechanism of vancomycin nephrotoxicity seems related to the energy-dependent tubular transport of the drug from blood to tubular cell across the basolateral membrane. Moreover a tubular reabsorption is probably involved, but it is not relevant for nephrotoxicity. Considering the widespread use of this antibiotic, the question of nephrotoxic side effects in humans is of great importance. However, the results of studies published to date are controversial. Results differ considerably depending on the period considered and on the sensitivity of the methods used to indicate renal damage. In paediatric patients (including neonates) the nephrotoxicity of vancomycin appears to be less than that in adults, thus confirming a number of experimental observations. It is commonly suggested that pharmacokinetic monitoring of doses in children should minimize nephrotoxicity. The most important risk factors for the development of the nephrotoxic action of vancomycin are: pre-dose values > 10 mg/l, prolonged therapy (> 21 days), and concomitant treatment with aminoglycosides. In most cases nephrotoxicity associated with vancomycin is reversible, even after high doses. In conclusion it could be speculated that vancomycin nephrotoxicity relates to the combined effect of a large area under the concentration-time curve and duration of therapy. Teicoplanin is a new glycopeptide that is effective in the treatment of both children and neonates and offers the advantages of once daily administration, choice of administration route (intramuscular or rapid intravenous bolus) and lack of requirement for routine therapeutic drug monitoring. Finally it seems less nephrotoxic than vancomycin. In the neonatal age bracket, none of the 173 patients treated presented abnormalities of traditional kidney function parameters.

Publication Types:
- Review
- Review, Tutorial

PMID: 9508651 [PubMed - indexed for MEDLINE]

1: J Infect. 1998 Sep;37(2):127-35. Related Articles, Links

Infective endocarditis and glycopeptides.

Pittet D, Harding I.

Department of Internal Medicine, University Hospital of Geneva, Switzerland.

BACKGROUND: Despite the number of antibacterial agents currently available, endocarditis remains a difficult disease to treat and the mortality rate has not fallen in recent years. The glycopeptides have good activity against the Gram-positive bacteria commonly implicated in endocarditis (staphylococci, both coagulase-positive and negative; enterococci and streptococci). OBJECTIVES: To assess the impact of the glycopeptides vancomycin and teicoplanin on the therapy of infectious endocarditis caused by Gram-positive bacteria. METHODS: A retrospective review of all major published or recently conducted studies using vancomycin or teicoplanin to treat endocarditis. RESULTS: Cure rates obtained with vancomycin and teicoplanin are similar, but there are no controlled studies to investigate this. Vancomycin nephrotoxicity limits its use in endocarditis, in particular when used in combination with an aminoglycoside. By contrast, teicoplanin shows little nephrotoxic potential, even in patients with some degree of renal impairment or when given in combination with an aminoglycoside. Teicoplanin should be used at doses of 6 mg/kg/day or higher to achieve satisfactory cure rates. CONCLUSIONS: Clinical data on the use of glycopeptides in endocarditis suffer from a lack of controlled trials. Although teicoplanin appears to offer some advantages over vancomycin in the therapy of endocarditis, there is an urgent need for randomized, clinical trials before definitive conclusions can be drawn.

Publication Types:
- Review
- Review, Tutorial

PMID: 9821086 [PubMed - indexed for MEDLINE]

1: Eur J Pediatr. 1997 Jun;156(6):423-7.

Related Articles, Links

European Journal of Pediatrics

A review of teicoplanin in the treatment of serious neonatal infections.

Fanos V, Kacet N, Mosconi G.

Dept of Paediatrics, Policlinico Hospital, University of Verona, Italy.

Gram-positive bacteria, notably coagulase negative staphylococci, have become an important cause of infection in neonates. Furthermore, many of these pathogens are now resistant to multiple antibacterial agents. Teicoplanin, a glycopeptide antibiotic, is active against a broad range of Gram-positive pathogens, including methicillin-resistant staphylococci. It has advantages over vancomycin in terms of tolerability, with a lower propensity to cause nephrotoxicity and anaphylactoid-like reactions, and in terms of ease of administration and monitoring requirements. The clinical utility of teicoplanin in neonates with Gram-positive infections has been investigated in several noncomparative studies. Clinical and bacteriological response rates in 173 neonates treated with teicoplanin 8-10 mg/kg intravenously or intramuscularly once daily after a loading-dose regimen of 10-20 mg/kg per day have ranged from 80%-100% and 83%-100%, respectively. Few adverse events related to teicoplanin have been reported in this patient population. CONCLUSION: Teicoplanin (8-10 mg/kg) administered intravenously or intramuscularly once daily after a loading-dose regimen of 15-20 mg/kg per day appears to be an effective and well tolerated treatment for Gram-positive infections in neonates.

Publication Types:
- Review
- Review, Tutorial

PMID: 9208233 [PubMed - indexed for MEDLINE]

1: Intensive Care Med. 1994 Nov;20 Suppl 4:S23-9. Related Articles, Links

Glycopeptides and nephrotoxicity.

Chow AW, Azar RM.

Department of Medicine, University of British Columbia, Vancouver, Canada.

Infections due to Gram-positive bacteria have become an increasing problem in the ICU. Furthermore, multidrug resistance among Gram-positive pathogens is increasingly recognized. Empirical therapy with antibiotic regimens that are effective against Gram-positive pathogens is often required in the ICU. Many critically ill patients in the ICU have multiorgan system failure, including acute renal failure, which further impedes optimal antimicrobial therapy. In this communication, the use of glycopeptides in the ICU is briefly reviewed, and the occurrence of associated nephrotoxicity during therapy with vancomycin or teicoplanin, alone or in combination with an aminoglycoside, is examined. Finally, existing recommendations regarding the dose regimens of these agents in patients with renal impairment are evaluated, and guide-lines for optimizing glycopeptide therapy through improved pharmacokinetic monitoring are presented.

Publication Types:
- Review
- Review, Tutorial

PMID: 7699153 [PubMed - indexed for MEDLINE]